# Exhibit "D"

# Exhibit "4" <u>Affidavit of Fraudulent Medical Services, Referrals and Prescriptions</u>

STATE OF NEW YORK	}	
	}	SS.
COUNTY OF	}	

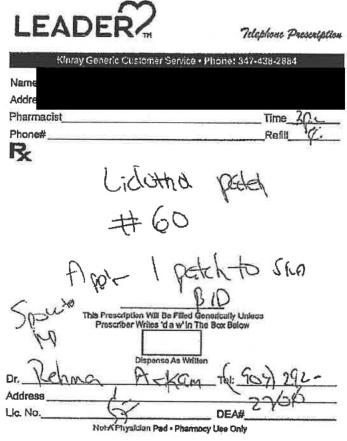
Arkam Rehman, M.D., being duly sworn, hereby states the following:

- 1. I am a physician who is licensed to practice medicine in the State of New York under license number 298627. I have been licensed as a physician in the State of New York since April 12, 2019. I am double Board Certified in pain management and physiatry. I am also the owner of Apex Medical, P.C. (Apex), a medical office that conducts, among other testing and/or treatment, Evaluations and Management (E&M) services and Shockwave Therapy. My National Provider Identifier (NPI) number is 1013920602 and my Drug Enforcement Agency (DEA) number is FR8865000.
- 2. This affidavit is being provided to demonstrate the fraudulent nature of certain medical services, diagnostic tests, referrals, and prescriptions that have been attributed to me personally, my NPI number, my DEA number and/or Apex. As will be demonstrated below, since I have been a practicing physician in the State of New York I did not issue or authorize the certain prescriptions for drug screening, toxicology services, prescription medications, prescription creams, prescription gels, diagnostic test(s), radiological test(s) or otherwise in connection with the prescriptions all as demonstrated in paragraphs 4, 6, 9, 12, 15, 18, 21, 24, 27, 31, 33, 36, 39, 42, 45, 48, 51, 54, 57, 59, 62, 65, 68, 71, 74, 77, 80, 83, 86, 89, 92 and 95 noted below.
- 3. During the year 2020, my medical office provided, among other testing and/or treatments, E&M services, and Shockwave Therapy at two locations in Brooklyn, New York: 3027 Avenue V, Brooklyn, New York and 632 Utica Avenue, Brooklyn, New York. My role at these two locations was limited in scope. In or about the spring of 2021, I learned for the first time that my name and credentials were utilized by certain unknown individuals as part of a scheme to dispense medication, durable medical equipment and prescribe tests and procedures as noted below. I did not prescribe or authorize a prescription for drug screening, toxicology services, prescription medications, prescription creams, prescription gels, diagnostic testing, radiological testing or otherwise for the certain prescriptions as demonstrated in paragraphs 4, 6, 9, 12, 15, 18,

21, 24, 27, 31, 33, 36, 39, 42, 45, 48, 51, 54, 57, 59, 62, 65, 68, 71, 74, 77, 80, 83, 86, 89, 92 and 95 below. A representative example of some of the prescriptions that are fraudulent in nature are shown below. The fact that a prescription is not specifically referenced below does not, and should not, be an indication that it is legitimate. As demonstrated below, the prescriptions that were allegedly prescribed by me at either 3027 Avenue V, Brooklyn, New York or 632 Utica Avenue, Brooklyn, New York are fraudulent in nature and are not legitimate.

#### S&K Pharmacy - Volfi Inc.

4. I did not prescribe nor authorize the prescription for any medication, creams, patches, or ointments as allegedly provided by S&K Pharmacy a/k/a Volfi INC as indicated below:



- 5. The above prescription in paragraph 4 is a representative example and is fraudulent in nature as I never prescribed the item to be dispensed.
- 6. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following medication be given to the patient, nor did I agree with the Statement of Medical Necessity contained within the prescription:



This facsimile transmission is intended to be delivered to the named addressed and may contain information that is confidential priviledged and proprietary or exempt from disclosure under applicable law, if it is received by a none other than they named addressed, please destroy.



PHARMACT	-		6471
Name;		DOB:	DOA:
Address:			
Home Phone:			
Medication Aflergies:	· · · · · · · · · · · · · · · · · · ·		
OSHTROCC:			
Carrier/Claim 6:			
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Dictofense Sodium Gel 3%:	Lidocaine Ointment 5%:	Lidethol Patch: Lidethol Patch:	Pennsald 2%:
26p 200pm25a	3-1p. 108ges 200ges 150ges	D4K 69 30_	Oinp* 112
Linsor Capsules (MSAID):	Ignicapate:	Sumatripum Tablets;	Other:
ucagan, glose		Microphy 25mg50mg	1
op; 130capa.les	15/spt 23/rsg_ 50:ssg_ 180rsg_	Days: 9_ 18_	1
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- 7. The above prescription in paragraph 6 is a representative example and is fraudulent in nature as I never prescribed the item to be dispensed nor did I sign or authorize the prescription.
- 8. The above-mentioned prescription in paragraph 6 presented by S&K Pharmacy a/k/a Volfi Inc that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

#### VVX, Inc

9. I did not prescribe nor authorize the prescription for any durable medical equipment as allegedly provided by V V X, Inc. as indicated below:

# Rx/Prescription DME Order Form

_	
Patient Name:_	DOA: DOB:
Orthopedic Lumbar Cushion	Bectrodes (4 Leads)
Thurmal Heating Pads	Massager (w/Infrared Lamp)
AbdomInal Support t	Water Therapy System w/Pump
Dry Pressure Mattress	Back Support TLSO I
Red Boards	Infrared Limp
Orthopedic Positioning Seat	Cervical Collar .
Cervical Cover (2 place)	Orthopedic Cervical Pillow
Cane Adjustable	Welloer
Walloer (w/Wheels)	
Crutches Adjustable	Back Support TLSO
Shoulder Support	Cervical Posture Pump
Wrist Support	Kgee Brace KO Adjustable Hinge
Elbow Support	Lumber Support ISO / CUStom fittes
Ankle Support ,	OTHER:
Knee Support	8
Physician's Signature: Shirth Ni	O-KCNPI #: 1613920503
Physician's Name: Or Arkam Rehman	Haran Marian
Physician's Address: 632 Utica Aye Brooklyn	NY 11203
Today's Date: 3/26/20	_
9	

- 10. The above prescription in paragraph 9 is a representative example and is fraudulent in nature as I never prescribed the item to be dispensed nor did I sign or authorize the prescription.
- 11. The above prescription in paragraph 9 presented by V V X, Inc. that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

# Top Choice Pharmacy Corp. - Top Choice Rx

12. I did not prescribe nor authorize the prescription for any medication, creams, patches, or ointments as allegedly provided by Top Choice Pharmacy Corp. – Top Choice Rx as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following medication be given to the patient, nor did I agree with the Statement of Medical Necessity contained within the prescription:

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- 13. The above prescription in paragraph 12 is a representative example and is fraudulent in nature as I never prescribed the item to be dispensed nor did I sign or authorize the prescription.
- 14. The above-mentioned prescription in paragraph 12 presented by Top Choice Pharmacy Corp. Top Choice Rx that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

#### TopLab

15. I did not prescribe nor authorize the prescription for any drug tests, drug screening or drug confirmations as allegedly provided by TopLab as indicated below:



67-71 EAST WILLOW STREET MILBURN, NJ 07041

Client Information:

Client: Medical Office of Brooklyn

3027 Avenue V BROOKLYN, NY 11229 Requesting Physician:

Rehman, Arkam

# Laboratory Report

Patient Information:

Fasting:

Patient Name: Patient ID: P9948069

Date of Birth: 10/26/1987 (33 years) Male/Female: Male

NO

Final Copy Confidential - Laboratory Report

> Lab Director: Ayad Mudarris Tel#: (877)355-3580 Fax#: (886)899-3995 CLIA Number: 31D2135687

Sample Information:

Reported:

Lab Sample ID: 2010220025

Collected: 10/21/2020 06:08 AM Received: 10/22/2020 06:08 AM

10/23/2020 01:37 PM

PRESCRIBED MEDICATION:



67-71 EAST WILLOW STREET MILBURN, NJ 07041

Client Information:

Client: Medical Office of Brooklyn

3027 Avenue V BROOKLYN, NY 11229 Requesting Physician:

Rehman, Arkam

Laboratory Report

Patient Information: Patient Name:

Patient ID: P9958410 Date of Birth:

Fasting:

9/6/1999 (21 years) Male/Female: Female

Final Copy Confidential ~ Laboratory Report

Lab Director: Ayad Mudarris Tel#: (877)355-3580 Fax#: (866)899-3995 CLIA Number: 31D2135687

Sample Information:

Lab Sample ID: 2010210015

Collected: Received: Reported:

10/20/2020 04:51 AM 10/21/2020 04:51 AM

11/25/2020 12:43 PM

PRESCRIBED MEDICATION:

- 16. The drug screening reports referenced above in paragraph 15 are a representative example and are fraudulent in nature as I never requested, prescribed, or ordered any drug tests, drug screenings or drug confirmations.
- 17. The above-mentioned prescriptions in paragraph 15 presented by TobLab claiming that I ordered a drug test, drug screening or drug confirmation alleged to have been requested, prescribed, or ordered by me is/are fraudulent in nature as I never requested, prescribed, or ordered or authorized the test.

[The remainder of this page is intentionally left blank]

#### **TMVOS. Corp DBA Trinity Pharmacy**

I did not prescribe nor authorize the prescription for any medication, creams, patches, or ointments as allegedly provided by TMVQS. Corp DBA Trinity Pharmacy as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following medication be given to the patient:

PRESCRIPTION ORDER FORM	THIS FACSIMILE TRANSMISSION IS INTENDED TO BE DELIVERED TO THE NAMED ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS CONFIDENTIAL, PRIVILEDGED AND PROPRIETARY OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW, IF IT IS RECEIVED BY ANYONE OTHER THAN THE NAMED ADDRESSEE, PLEASE CONTACT US AND DESTROY.
NAME:	#
ADDRESS:	CTY: STATE: ZIP:
EMAIL:	
HOME PHONE:	CELL PHONE:
INSURANCE:	*
CLAIM/CARRIER#:	POLICY/WCB#:
CD 10/BODY PARTS:	
DISP:3060/_90	DISP: 30 60 90  REFILLS:
MESCRIBER INFORMATION NAME: A. Rehmes	RESISTITI AND HISTORIES LE DOL ANTHONY LAMK COURTNEY [NOE] TO SANTINI DICENTIFY [INC.] TO SANTINI DICENTIFY [INC.] TO SOLVE LAMB [INC.]
DIDRESS: 3027 QUE DITY: 18200164 DIPIN: 1013920602	STATE: NY 219: 1/229  11CH 298627
HYSICIAN SIGNATURE: 490	Rec 1/11/2/

- 19. The above prescription order form in paragraph 18 is a representative example and is fraudulent in nature as I never prescribed the item to be dispensed nor did I sign or authorize the prescription.
- 20. The above-mentioned prescription in paragraph 18 presented by TMVQS. Corp DBA Trinity Pharmacy that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

#### Supportive Products Corp

21. I did not prescribe nor authorize the prescription for any durable medical equipment as allegedly provided by Supportive Products Corp. as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following medication be given to the patient, nor did I agree with the Letter of Medical Necessity contained within the prescription:

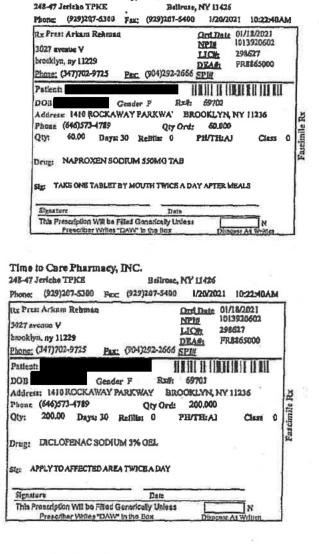
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- 22. The above prescription in paragraph 21 is a representative example and is fraudulent in nature as I never prescribed the item to be dispensed nor did I sign or authorize the prescription.
- 23. The above-mentioned prescription in paragraph 21 presented by Supportive Products Corp. that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

#### Time to Care Pharmacy Inc.

24. I did not prescribe nor authorize the prescription for any medication, creams, patches, or ointments as allegedly provided by Time to Care Pharmacy, Inc. as indicated below. The following prescriptions are also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following medication be given to the patient:

Time to Care Pharmacy, INC.



- 25. The above prescriptions in paragraph 24 are a representative example and are fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescription.
- 26. To the best of my recollection the above-mentioned prescription in paragraph 24 presented by Time to Care Pharmacy, Inc. Rx that is/are alleged to have been prescribed by me

is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

# Simply DME LLC

27. I did not prescribe nor authorize the prescription for any durable medical equipment as allegedly provided by Simply DME LLC as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following medication be given to the patient, nor did I agree with the Medical Necessity Statement contained within the prescription:

		FRESCRIPTION ORDER FORM	
Patient Name; Insurance Type	: Worker's Comp (No.1	commercial Medicare	2.0
DX Code:	_		
Insurance:	LIBERTH MOUPL		-
Sellen in the se	1181		
Date of Accider	0/4/2020	Date of Surgery:	•
GAMEREADY	HOMEBASED ULTRASOURD THERAPY	BRACING	
Duration	14	D BON Highd Knee Brigat D Shoulder S	
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3-4 treets	☐ Bernsport	Post-Op Knee brace Cam Water	
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- 28. The above prescription order form in paragraph 27 is a representative example and is fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescription.
- 29. The above-mentioned prescription in paragraph 27 presented by Simply DME LLC that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never knowingly prescribed or authorized the item to be dispensed.

# S&K Warbasse Pharmacy Inc.

31. I did not prescribe nor authorize the prescription for any medication, creams, patches, or ointments as allegedly provided by S&K Warbasse Pharmacy Inc. as indicated below. The following prescriptions are also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following medication be given to the patient:

LEADER?	Telephone Prescription
Name_ Address_ Pharmacist_ Phone#    dollar 4.5-5	Age Date (E7 COE) Time Refill 8
AP 1 patch BID # 60	
This Prescription Will Be Filled Ge Prescriber Writes 'd a w' in Th  Dispense As Written  Dr. Dehmali , Akt Kalm	e Box Below
Lic. NoNot A Physician Pad • Pharmac	DEA#

- 32. The above prescription in paragraph 31 is a representative example and is fraudulent in nature as I never prescribed the item to be dispensed.
  - 33. The following prescription below is also fraudulent in nature as I did not sign the

prescription, I did not prescribe or request that the following medication be given to the patient, nor did I agree with the Statement of Medical Necessity contained within the prescription:

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Maysician Signotore:	TORK	Dates	1/27/2/

- The above prescription order form in paragraph 33 is a representative example and 34. is fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescription.
- The above-mentioned prescriptions in paragraphs 31 and 33 presented by S&K 35. Warbasse Pharmacy Inc. that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

#### RX Masters, Inc.

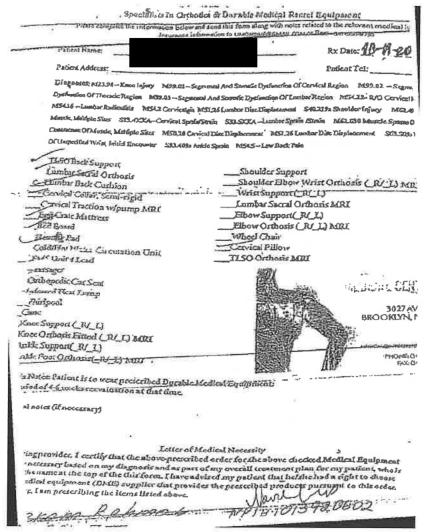
36. I did not prescribe nor authorize the prescription for any medication, creams, patches, or ointments as allegedly provided by RX Masters, Inc as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following medication be given to the patient:



- 37. The above prescription in paragraph 36 is a representative example and is fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescription.
- 38. To the best of my recollection, the above-mentioned prescription in paragraph 36 presented by RX Masters, Inc. that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

#### Rosar Medical Equipment Corp.

39. I did not prescribe nor authorize the prescription for any durable medical equipment as allegedly provided by Rosar Medical Equipment Corp. as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following medication be given to the patient, nor did I agree with the Letter of Medical Necessity contained within the prescription:



- 40. The above prescription order form in paragraph 39 is a representative example and is fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescription.
- 41. The above-mentioned prescription in paragraph 39 presented by Rosar Medical Equipment Corp. that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

#### Myehm RX Inc.

42. I did not prescribe nor authorize the prescription for any medication, creams, patches, or ointments as allegedly provided by Myehm RX Inc. as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following medication be given to the patient:

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43. The above prescription in paragraph 42 is a representative example and is fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescription.

7 . ×

44. The prescription in paragraph 42 presented by Myehm RX Inc. that is/are alleged

to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

#### Mednavet, Inc.

45. I did not prescribe nor authorize the prescription for any durable medical equipment as allegedly provided by Mednavet, Inc. as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following medication be given to the patient:



- 46. The above prescription order form in paragraph 45 is a representative example and is fraudulent in nature as I never prescribed the items to be dispensed nor did I sign-or authorize the prescription.
  - 47. The prescription in paragraph 45 presented by Mednavet, Inc. that is/are alleged

to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

#### Medical Diagnostic Center

48. I did not prescribe nor authorize a prescription for any diagnostic imaging studies, X-Rays, or Magnetic Resonance Imaging (MRIs) as allegedly provided by Medical Diagnostic Center as indicated below:



#### MEDICAL DIAGNOSTIC CENTER

1664 East 14<sup>th</sup> Street Lower Level Brooklyn, NY 11229 718 336 1865

Patient Name: Date of Birth: 2

Gender: M

Date of Service: 17-Dec-2020 12:19:58 PM

**MRN: SR427** 

Ref Physician: DR.REHMAN

MRI OF THE RIGHT SHOULDER WITHOUT CONTRAST

CLINICAL HISTORY: MVA.

- 49. The MRI report referenced above report in paragraph 48 is a representative example and is fraudulent in nature as I never requested, prescribed, or ordered any diagnostic imaging studies, X-Rays, or Magnetic Resonance Imaging (MRIs).
- 50. To the best of my recollection the above-mentioned requests or prescription in paragraph 48 presented by Medical Diagnostic Center claiming that I ordered any diagnostic imaging studies, X-Rays, or Magnetic Resonance Imaging (MRIs) alleged to have been requested, prescribed, or ordered by me is/are fraudulent in nature as I never requested, prescribed, or ordered or authorized the test.

#### Levnic Inc.

51. I did not prescribe nor authorize the prescription for any durable medical equipment as allegedly provided by Levnic Inc. as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following medication be given to the patient:

Rx/Pre	escription	
DME O	rder Form	
Patient Name	DOA: ilaila DO	
Orthopedic Lumbar Cushion	——Electrodes (4 Leads) a	W
Thermal Heating Pads	Massager (w/Infrared Lomp)	
Abdominal Support	Water Therapy System w/Pump	390
Diy Pressure Maturess	Back Support TLSO	
Bed Boards	nfrared Limp	
Orthopedic Positioning Seat	Cervical Collar	
L Cervical Cover (2 piece)	Orthopedic Cervical Pillow	
Cone Adjustable	Walker	
Walker (w/Wheels)Crutches Adjustable	Sack Support TLSO	
✓ Shoulder Support	Cervical Posture Pump	
Wrist Support	Knee Brace KO Adjustable Hinge	
Elbow Support	Lumbir Support LSO	
Ankle Support	OTHER:	
V Knee Support		
15.00		
Physidan's Signatura	NFI #: 1013920502	*
Physician's Name: Dr Adkern Rehman	,	
Physician's Address: 632 Utica Ave Brooklyn N	( 11203	
Today's Date:	•	

- 52. The above prescription order form in paragraph 51 is a representative example and is fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescription.
- 53. The above-mentioned prescription in paragraph 51 presented by Levnic Inc. that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

#### Healing Services Inc.

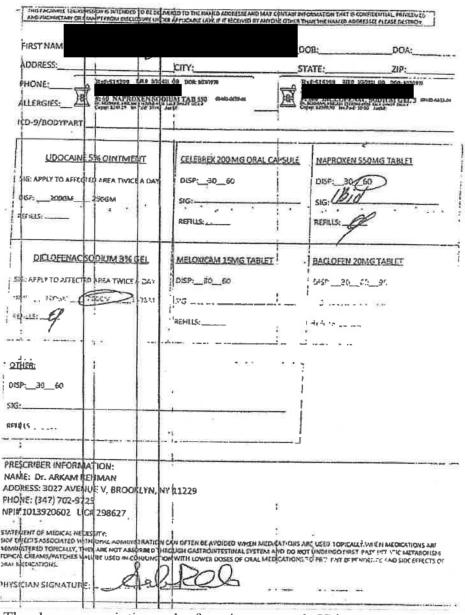
54. I did not prescribe nor authorize the prescription for any durable medical equipment as allegedly provided by Healing Services Inc. as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following equipment be given to the patient:

PATIENT IN	PORMATION					
Patient Name:	2		Date	of Birth:		EC1-
Patient Addres	s:	(	,			
City:			_State:	Zip Code:		Phone:
DIAGNOSIS	and RELATER	INFO:	341		Date of	Incident: 03/11/202
Diagnosis:					JCD 10	Code:
Symptoms:						
Limitations:						
Pain Level:	□ No Pain	ts Mild Pain	Moderate P	ain son	cre Pain	D Worst Pain Possible
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- 55. The above prescription order form in paragraph 54 is a representative example and is fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescription.
- 56. The above-mentioned prescription in paragraph 54 presented by Healing Services Inc. that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

#### Ideal Care Pharmacy

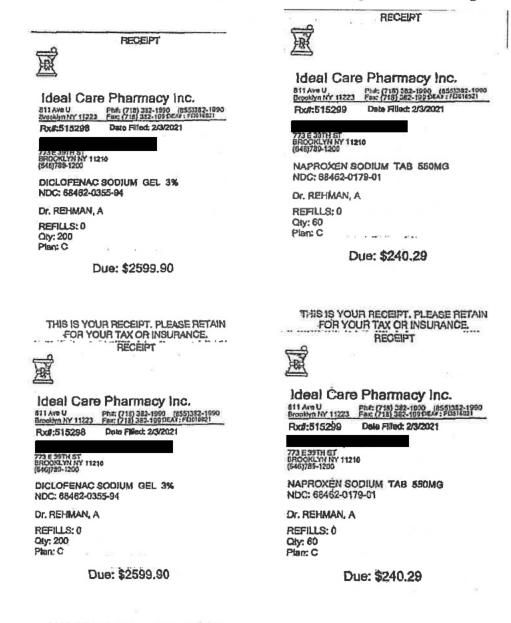
57. I did not prescribe nor authorize the prescription for any medication, creams, patches, or ointments as allegedly provided by Ideal Care Pharmacy as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following medication be given to the patient, nor did I agree with the Statement of Medical Necessity contained within the prescription:



58. The above prescription order form in paragraph 57 is a representative example and is fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize

the prescription.

59. The following prescriptions are also fraudulent in nature as I did not sign the prescriptions nor did not prescribe or request that the following medications be given to the patient:



THIS IS YOUR RECEIPT, PLEASE RETAIN

\*\*\* T 1977

THIS IS YOUR RECEIPT. PLEASE RETAIN

- 60. The above prescription receipts in paragraph 59 are a representative example and are fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescription.
- 61. The above-mentioned prescription in paragraph 59 presented by Ideal Care Pharmacy Inc. that is/are alleged to have been prescribed by me is/are fraudulent in nature as I

never prescribed or authorized the item to be dispensed.

#### **Essential RX**

62. I did not prescribe nor authorize the prescription for any medication, creams, patches, or ointments as allegedly provided by Essential RX as indicated below. The following prescriptions are also fraudulent in nature as I did not sign the prescriptions, I did not prescribe the medications nor request that the following medications be given to the patient:

Essential Rx 115-07 Jackalea Ava Richmond Hill, NY 11418  Phone (718)441-7414 Fax: (718)441-7415 12/8/2020 12:08:52PM	Phone: (718)441-7414 Fmc (718)441-7415 12/8/2020 12:08:52PM
Rx Pres: ARKAM REHMAN   Ord Date   12/08/2020	Rx Fres: ARKAM REHMAN   Ord Date   120/3/2007
Patient:  DOB Gender M Ruft 72363  Address: 773 EAST 39TH STREET BROOKLYN, NY 11210  Phone (646)789-1200 Qty Ord: 250,000  Qty: 250,00 Days: 30 Refills: 0 PH/TH:DM Class 0  Drog: LIDOCAINE 9% ORNT  Sign APACY TO APPECTED AREAS TWICE A DAY  Signature Date  This Prescription Will be Filled Generically Unless  Prescription Will be Filled Generically Unless  Prescription Will be Filled Generically Unless  Distress As Written	Patient:  DOB Gender M Rx#: 72364  Address: 773 EAST 39TH STREET BROOKLYN, NY 11210  Phone (646)789-1200 Qt; Ord: 60,000  Qty: 60,000 Dsys: 30 Refuls: 0 PH/TH:DM Class 0  Drug: CELECOXIB 200MG CAP  Step TAKE ONE CAPFULE TWICE A DAY  Signature Dute  This Prescription Will be Fuled Generically Unions Prescriber Wittes 'DAW' in the Box Dispense As Written
RX#:72363 DOS: 9G7/1970 RM:0 12G1000 FREDM (001) COURTNET_LARK THE EAST MITS STABLE SOURCES NY 11218 #550 LIDOCADEC OFFT 596 52255 - COSS -55 TELLOSINI, Dr. RESMAN, ARKAM DELN PAS (RY)TOL-P225 RASHLO Copay 10.00 Int Pid: \$1.00	RX#:72364 DOM: 9277370 Hand 1287000 PIETM (DOL) COMMUNICATIVE THE EAST WIN THEFT BROCKLAN WITHIN BROCKLICATION CAP RECORD Dr. 98367AN, AREAM DEAM Star (147)762-7723 Copy 30 to 30 746 51.00

- 63. The above prescription in paragraph 62 are a representative example and are fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescriptions.
- 64. To the best of my recollection the above-mentioned prescriptions in paragraph 62 presented by Essential RX that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

# Flushing Medical Supply, Inc.

65. I did not prescribe nor authorize the prescription for any durable medical equipment as allegedly provided by Flushing Medical Supply, Inc. as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following equipment be given to the patient:

# Referral / Physician's Prescription

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DIAGNOSIS and RE	LATED INFO:		Detail	Tackérat:	
17696-75%			100.10	Codes	
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Panterous:					
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Late pr	which is an FDA deared to rul healing cascade for no	wearable Ultracound usculoakeleta) releses	for multi-hour treats	erne .	James Se.
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- 66. The above prescription order form in paragraph 65 is a representative example and is fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescription.
- 67. The above-mentioned prescription in paragraph 65 presented by Flushing Medical Supply, Inc. that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

### Eclipse Medical Imaging, P.C.

68. I did not prescribe nor authorize the prescription for any diagnostic imaging studies, X-Rays, or Magnetic Resonance Imaging (MRIs) as allegedly provided by Eclipse Medical Imaging, P.C. as indicated below:



#### MEDICAL IMAGING P.C.

651 Coney Island Avenue, Brooklyn, NY 11218 • Tel: (718) 284-0700 • Pax: (718) 284-0800

ARKAM REHMAN, M.D. 632 UTICA AVENUE BROOKLYN, NY 11203

> DOS: 02/17/2020 DOB: 07/08/1960 FILE #:35751 DOI: 01/24/2020

PATIENT:

EXAM: MRI OF THE LEFT SHOULDER W/O CONTRAST

Dear Dr. Rehman,

MEDICAL IMAGING P.C. 651 Coney Island Avenue, Brooklyn, NY 1	1218 • Tel: (718) 284-0700 • Fax: (718) 284-08
Polionit	Phone:  Time: 5PM  Fax:  Signature: 42 Roll 19
☐ Call-it Requested ☐ CD ☐ Other	Please, Sond More Referred Pade
DAGNOSIS HISTORY:	PLEASE OBTAIN NECESSARY AUTHORIZATION TO AVOID DELAYS Authorization #

- 69. The MRI report and prescription referenced above in paragraph 68 are a representative example and are fraudulent in nature as I never requested, prescribed, or ordered any diagnostic imaging studies, X-Rays, or Magnetic Resonance Imaging (MRIs).
- 70. The above-mentioned requests or prescription in paragraph 68 presented by Eclipse Medical Imaging, P.C. claiming that I ordered any diagnostic imaging studies, X-Rays, or Magnetic Resonance Imaging (MRIs) alleged to have been requested, prescribed, or ordered by me is/are fraudulent in nature as I never requested, prescribed, or ordered or authorized the test.

#### Boulevard 9229 LLC

71. I did not prescribe nor authorize the prescription for any medication, creams, patches, or ointments as allegedly provided by Boulevard 9229 LLC as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not

prescribe or request that the following medication be given to the patient, nor did I agree with the Statement of Medical Necessity contained within the prescription:

PRESCRIPTION	THIS FAUMILE TRANSMISSION IS MITENDED TO BE DELIVERED TO THE NUMBED ADDRESSEE ACTO CONTAIN RETORNATION THAT IS CONFIDENTIAL PREVALEDGES AND INCOMETANY OF DELIVERY DISCLOSURE UNITE APPLICATE LAW, IF IT IS REQUYED BY AND	
ORDER FORM	ADDRESSE, PLASE CONTACT US AND DESTROY, O 2019	
NAME:	post	DOA:
ADDRESS:		STATE ZIP:
HOME PHONE		
EMAILS		
DISURANCE		
CLAIMCAREER		
	POUCY/WCB_	
ICD10/BODY PARTS		
DICIOFPHAC SODRIM GR. 3% SIX: APPLY TO AFFECTED AREAS TVICE A DAY OGP:	LIDOCAINE ORITHINITY SM. SIZ APPLY TO AFFECTED AREAS TWICE A DAY USS:150250 GRAMS REPLLS	LIDODREM 5% NATCH SIQ JAPLY UP TO 3 PATCHES TO AMPRITEELANDA 12 HOURS ON 12 HOURS OFF ORSP
DICTORRACTIN GET. SIG: APPLY 2-4 GRAMS TO AFFECTED ANEA FOUR	INUPROFIN YALLETS	MARRICKEN SDOMG TARLETS
TIMES A DAY DISP:SOO ASPALS:	\$100	D69:9060
OMERAZOLE CAPSIAES	CYCLOBERGAPHINE SOME TABLETS	CHIONZONAZONE 250MG TABLETS
STEENGTH 20 40 M/G DISP: 30 63 REPULS:	DISP:306090	DISP:6050120
RAMATEPTAN 1814G TABS  DIRLY DOB HEADAGHES  ROT TAKE 1 TABLET BY MOUTH ONCE AT ONSET  JF HEADAGHE MAY REPERT ONE TABLET CINCE  UFER A HOURS  155:	DRYDSDERECTAMENE MASAL SPRAY 4MG/ML (DONS FOR MEXADACHES)  RIC BISTRAL 1 ACTIVITYON IN BACH MOSTRIL  EVERY 15 MERCHES AT ONSET OF HEADACHE, MAY REPEAT CHICE.  UND 10 MM.  MERCLS.	ZEPSOR ZEMMI CAPPUR TI STSAEDI SIGI TAKE I TAMBET BY MOUTH FOUR TIMBEPPER DAY AS DIBECTED DISP: 120 CAPPURES REFILES
XLEBRIX 2000MG CAPSULES KC	18 MEDX-PATCH WITH LIDOCATHE ASS	OTHER STR
tsp:	DRICE A DAY SEE APPLY I PATCH TO APPECTED AREA TWICE A DAY DISP: 35 60	DESP:306050
RESCRIBER INFORMATION  WHE STRIKES I	REFILE A	
DORESS 3024 ave		
m 1013920602	STATE NY 100 29862	
TATEMENT OF MEDICAL MICESTRE	UDR_ 42.70.50	. 7
DIMESTERED TOPICALLY, THEY ARE NOT ABSORBED IPICAL CREAKEYPATORIES WILL BE USED BY CONTUCT IN MISCOPATURES.	TION WITH LOWER DOORS OF CRAL, MEDICATIONS T	O NOT UNDERGO PUST PASS HERATIC METABOLISTIA. O PREVENT DEPENDENCE AND SIDE EFFECTS OF
MSCIAN SCHOLURE SOUL	- KP	DATE 4/29/20

- 72. The above prescription in paragraph 71 is a representative example and are fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescriptions.
- 73. The above-mentioned prescription in paragraph 71 presented by Boulevard 9229 LLC that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

#### Bisoma Pharmacy Inc.

74. I have never prescribed nor authorized a prescription for any medication, creams, patches, or ointments as allegedly provided by Bisoma Pharmacy Inc. The following prescriptions are also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that

the following medication be given to the patient:

BISOMA PHARMACY INC. 20520 Jameica Ave Halle, NY 11423	BISOMA PHARMACY INC. 20520 Jamaica Ave Hollis, NY 11423
Phone: (718)217-2091 Fax: (718)217-2138 11/9/2020 1:16:02PM	Phone: (718)217-2091 Fax: (718)217-2138 11/9/2020 1:16:02PM
Rx Presi ARKAM REHMAN   Ord Date   10/19/2020     3027 AVE V   NPM   1013920602     BRCCKLYN, NY 11229   DRAN: BR4816685     Phone: (347)702-9725   Fax: SP18	Rx Presi Arkam Rehman Ord Date 10/19/2020  1027 AVE V 10/13/2000/2  BROOKLYN, NY 11229 DEA#: BR4816685  Phone: (347)702-9725 Pag: SPI#
Patient:  DOB Gander F Reft: 61077  Address: 1410 ROCKAWAY PKWY BROOKLYN, NY 11236  Phose (646)573-4789 Qty Ord: 60.000  Qty: 60.00 Days: 30 Refile: 0 PIVITI:YI Class 0  Drng: IBUPROPEN 600MG TAB  Sign Take ONE TABLET BY MOUTH TWICE A DAY  Signature Date  This Prescription Will be Filled Generically Unless Prescriptor Will be Filled Generically Unless  Prescriptor Will be Filled Generically Unless  Dispense As Winson	Patient:  DOB  Gender F Rail: 61079  Address: 1410 ROCKAWAY PK WY BROOKLYN, NY 11236  Phone (646)573-4789 Qty Ord: 60.000  Qty: 60.00 Days: 30 Refills: 0 PH/TH: YI Class 0  Drog: LIDOCAINE 5% FILM ER  Sig: APPLY UP TO 3 PATCHES TO AFFECTED AREAS 12 HOURS ON 12 HOURS  OPP  Signature Date  This Prescription Will be Filled Generically Unless  Prescription Will be Filled Generically Unless  Prescription Will be Filled Generically Unless  Prescription Will be Filled Generically Unless
BISOMA PHARMACY INC.  20520 Jamalea Arc Hollia, NY 11423  Phone: (718)217-2051 F5x: (718)217-2138 11/4/2020 1:16:02PM  Rx Pres: ARKAM REHMAN Ord Date 10/19/2020  NPH (019920602 1/205) 1/205 1/	BISOMA PHARMACY INC.  24520 Jamaica Ave Hollis, NY 11423  Phone: (718)217-2091 Fext: (718)217-2138 11/9/2020 1:16:02/9/4  Fix Press ARKAM REHMAN Ozd Date 19/19/2020  MPH 1013920602  BROOKLYN, NY 11229 LICH: 298627  BRASI (645)  Phone: (347)702-9725 Ens.: SPIH  Patient  DOB Gender F. Bast. 61078
Gender F RAM: 60078 Address: 1410 ROCKAWAY PKWY BROOKLYN, NY 11236 Phone: (646)573-4789 Qty Ord: 250,000 Qty: 250,000 Buys: 30 Refills: 0 PH/TH:YI Class 0 Drug: LIDOCAINE 5% OBIT Sig: APPLY TO APPECTED AREAS TWICE A DAY	
Signature Date This Prescription Will be Filled Generically Unique N Prescriber Willian "DAW" in the Box Disconso As Written	Signature Date  This Prescription Will be Filled Generically Unices  Prescribar Writes "DAW" in the Box  Discrete As Worten

- 75. The above prescription in paragraph 74 are a representative example and are fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescriptions.
- 76. To the best of my recollection the above prescriptions in paragraph 74 presented by Bisoma Pharmacy Inc. that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

#### Briarwood RX Inc.

77. I have never prescribed nor authorized a prescription for any medication, creams, patches, or ointments as allegedly provided by Briarwood RX Inc. The following prescriptions are

also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following medication be given to the patient:

BRIARWOOD RX INC \$55 MAIN ST BRIARWOOD, NY 11435 Phone: (718)480-6740 Page (516)408-3992 6/26/2020 11:16:01AM	BRIARWOOD RX INC 8515 MAIN 5T BRIARWOOD, NV 11435 Phone: (718)488-6740 Fax: (516)408-3992 6/26/2020 11:16:01AM
Rx Pres: ARKAM REHMAN   Qcd Date   06/17/2020     3027 AVE V   NPIR   10/13/920602     BROOKLYN, NY 1/229   DEAt:   BR48/16685     Plione: (347)702-9725   Fax:   SPIR	Ra Pres: ARKAM REHMAN   Quil Date 06/17/2020     3027 AVE V   NPII 1013920602     BROOKLYN, NY 11229   LICE 28637     Phone: (347)702-9725   Pax: SPIE     SPIE   SPIE   SPIE     Control of the contro
Patienth  DOB Gender M Rxiv: 60434  Address: 245 COZINE AVE APT 6F BROOKLYN, NY 11207  Phone (347)744-2423 Qty Ord; 250,000  Qty: 250.00 Days: 30 Refalls: 0 PH/ThrRH Class 0  Drug: LIDOCAINE 5% ORNT	Patient:  DOB Gender M Rud: 60436  Address: 245 COZINE AVE APT 6F BROOKLYN, NY 11207  Phose (347)744-2423 Qty Ord: 60,000  Qty: 30.00 Days: 30 Refilm: 0 PH/TH: RH Class 0  Drug: CYCLOBENZAPRINE HYDR ER 15MO CAP
Signature Date	Sig: TAKE ONE CAPSULE BY MOUTH DAILY AT BEDTIME Signature Date
This Prescriptor Will be Filled Generically Unless Prescriber Writes "DAW" in the Box Dispense As Written	This Prescription Will be Filled Generically Unless Prescriber Whites "DAW" in the Box Dispense As Written

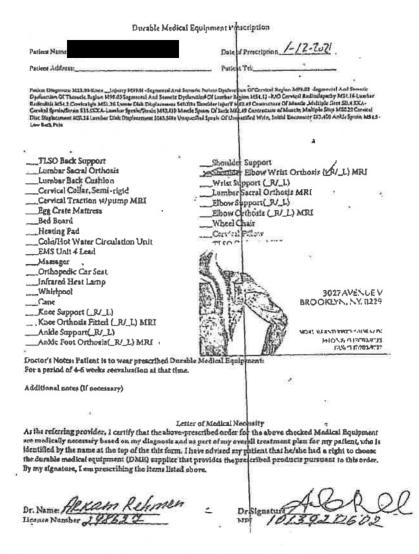


- 78. The above prescription in paragraph 77 are a representative sample and are fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescriptions.
- 79. To the best of my recollection the above prescriptions in paragraph 77 presented by Briarwood RX Inc. that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

#### Big Apple Medical Group Corp.

80. I did not prescribe nor authorize a prescription for any durable medical equipment

as allegedly provided by Big Apple Medical Group Corp. as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following equipment be given to the patient, nor did I agree with the Statement of Medical Necessity contained within the prescription:



- 81. The above prescription order form in paragraph 80 is a representative example and is fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescription.
- 82. The above-mentioned prescription in paragraph 80 presented by Big Apple Medical Group Corp. that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed nor authorized the item to be dispensed.

#### Atlas Pharmacy, LLC

83. I did not prescribe nor authorize the prescription for any medication, creams, patches, or ointments as allegedly provided by Atlas Pharmacy, LLC as indicated below. The following prescriptions are also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following medication be given to the patient:

- Andrews and the second	Physician				
Pa		Bolton Bolton	zm. K	chi	nie
Date of Birth:		License Numbe	200	The second second second	4
Telephone Number:		NPI Number:	10/3	9200	602
Date of Accidents	*				
· o CELEBREX 100MG-1C	RID #60		7.0		7
CELEBREX 200MG - 1C					_
. CELEBREX 400MG-1C					
MELOXICAM 7.5MG #6					
MELOXICAM 15MG #30			· · · · ·	<del>.</del>	
O IBUPROFEN 600MG #60					
.o: :NAPROXEN 550MG #60					is O
NAPRELAN SOOMG #60					
The state of the s					
APPLY 1-3 PATCHES AN			URS OFF)		100.00
AP AA UP TO TID	'100GM 150	IGM 200GM	250GM	0	
DICLOFENAC 3 % GEL -	100GM /2	DOGM AP AF	TID UD		
O CYCLOBENZAPRINE 7.5	MG.#90 - 1TTI		1.0		
. O CYCLOBENZAPRINE 10	AG #90 - 1T TID	(96)			
'o: 'TIZANIDINE 4MG #90 -	1T TID	•			
o. METAXALONE 800MG	90-1TTD			1	5 7
o' FIORICET TABS #90 1T T	ID PRN				
o SUMATRIPTAN 25MG,	50MG, 100MG	TABS			
o (MAXALT) RIZATRIPTAN	5MG, 10MG TA	ABS .	*2		
o'. RELPAX 20MG, 40MG T	ABS .				(
o TOPIRAMATE 25MG , 50				, , , ;	
	DMG, 100MG	**************************************			
o TOPIRAMATE 25MG , 50	OMG , 100MG VIG CAPS	, 800MG			
o TOPIRAMATE 25MG , 50 o DULOXETINE 30MG , 600	OMG , 100MG VIG CAPS OOMG , 600MG		BLETS		
o TOPIRAMATE 25MG, 50 o DULOXETINE 30MG, 600 GCGABAPENTIN 300MG, 4	OMG , 100MG MG CAPS OOMG , 600MG 7.5MG , 50MG ,		BLETS		
o TOPIRAMATE 25MG, 50 o DULOXETINE 30MG, 600 o GABAPENTIN 300MG, 4	OMG, 100MG VIG CAPS 00MG, 600MG 7.5MG, 50MG, VIG, 100MG		BLETS		
o TOPIRAMATE 25MG, 50 o DULOXETINE 30MG, 60 GABAPENTIN 300MG, 4 ON VENLAFAXINE 25MG, 3	OMG, 100MG MG CAPS 00MG, 600MG 7.5MG, 50MG, MG, 100MG 20MG TABS	AND 75MG TA	BLETS		

- 84. The above physician order form in paragraph 83 is a representative example and is fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescriptions.
- 85. The above-mentioned prescription in paragraph 83 presented by Atlas Pharmacy LLC that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

#### AVK RX Inc.

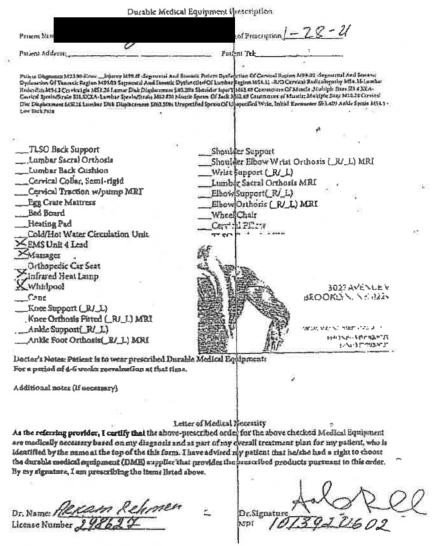
86. I did not prescribe nor authorize the prescription for any medication, creams, patches, or ointments as allegedly provided by AVK RX Inc as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following medication be given to the patient:

AVIC RX Pharmney   1984 Churneh Ave   Pharm (718)484-9810   Fax: (718)484-	Res 199353 
Rx Pres: Arkam Rehman 3027 AVE V BROOKLYN, NY 11229 <u>Phn:</u> (904 <u>Fax:</u> (904)	17/0/2020 NPIM 1013920602 LICE 293627 1292-2700 DEAR FR886,5000
Patient: OOU: Crader F Address: 1410 ROCKAWAY PKWAY Phone (616)573-4789 Otyl 60,000 (Sixty) Days: 30 Remis: 6 PHOTE 5A	
Drug: LICOTICA, 4,5%/5% FILM Sig: APPLY 1 PATCUTO APPECTUS A	
This Prescription Will be Filled General Prescriber Writes "DAWFII" in the	ally Unless N (0)

- 87. The above prescription in paragraph 86 is a representative example and is fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescriptions.
- 88. To the best of my recollection the above-mentioned prescription in paragraph 86 presented by AVK RX Inc. that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

### A to Z Supply Services Inc.

89. I did not prescribe nor authorize a prescription for any durable medical equipment as allegedly provided by A to Z Supply Services Inc. as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following equipment be given to the patient, nor did I agree with the Letter of Medical Necessity contained within the prescription:



- 90. The above prescription in paragraph 89 is a representative example and is fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescriptions.
- 91. The above-mentioned prescription in paragraph 89 presented by A to Z Supply Services Inc. that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

# ARS Medical Equipment Corp

92. I did not prescribe nor authorize the prescription for any durable medical equipment as allegedly provided by ARS Medical Equipment Corp as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following equipment be given to the patient, nor did I agree with the Letter of

. .

Medical Necessity contained within the prescription:

• Durable	Medical Foulpment Prescription
(3/02 982	-1-1-
Palient Nam	Date of Prescription//8/20
Patient Address:	
te and the second	Patient Tek
Budderblik MASA, Carrica) giz MSS, 26 Lumar Disk Displace Corrical Spiralesticists 123,00000-1 member SpiraleStrain Mi Disc Objektement MSS, 26 Lumbar Disk Displacement SMS Law Back Palp	nial And Somaile Patient Dynfunction Of Cervical Region MPR.01 - Segmented And Somatic annute Dynfunction Of Lumbus Region MSA.12 - RIVO Cervical Redictionarity MSA.16 Lumbus remails Studies Studies Shanker (page 50 MSA.18 Someoures Of Montel Montele Studies Studies STA.8 TACA-82-200 Montel Spann Of Sack MSA.20 Constitution of Manufa Montele Studies Studies Revised Region MSA.5 - Sack Unspecified Speaks Of Unspecified Wrist, Initial Economies 593.459 Artible Speaks MSA.5 - Annual Constitution of Manufactures STA.459 Artible Speaks MSA.5 - Annual Constitution of Manufactures STA.459 Artible Speaks MSA.5 - Annual Constitution of Manufactures STA.459 Artible Speaks MSA.5 - Annual Constitution of Manufactures STA.459 Artible Speaks MSA.5 - Annual Constitution of Manufactures STA.459 Artible Speaks MSA.5 - Annual Constitution of Manufactures STA.459 Artible Speaks MSA.5 - Annual Constitution of Manufactures STA.459 Artible Speaks MSA.5 - Annual Constitution of Manufactures STA.459 Artible Speaks MSA.5 - Annual Constitution of Manufactures STA.459 Artible Speaks MSA.5 - Annual Constitution of Manufactures STA.459 Artible Speaks MSA.5 - Annual Constitution of Manufactures STA.459 Artible Speaks MSA.5 - Annual Constitution of Manufactures STA.459 Artible Speaks MSA.5 - Annual Constitution of Manufactures STA.459 Artible Speaks MSA.5 - Annual Constitution of Manufactures STA.459 Artible Speaks MSA.5 - Annual Constitution of Manufactures STA.459 Artible Speaks MSA.5 - Annual Constitution of Manufactures STA.459 Artible Speaks MSA.5 - Annual Constitution of MSA.5 -
TLSO Back Support	Shoulder Support
Umbar Sacral Orthosis	Shoulder Elbow Wrist Orthosis (_R/_L) MRI
Lumbar Back Cushlon	Shoulder mook write Ordinate (_K/_L) MKI
Cervical Collar, Semi-rigid	Wrist Support (_R/_L)
Cervical Traction w/pump MRI	Lumbar Sacral Orthodis MRI
Egg Crate Mattress	Elbow Support(_R/_L)
Sted Board	Elbow Orthosis (_R/_L) MRI .
MHenting Pad	Wheel Chair
Cold/Hot Water Circulation Unit	A Cervical Pfllow
EMS Unit 4 Lead	TLSO Orthods MRI
Massager	(37)
Orthopedic Car Seat	SAFRIDAL DEUTER T
Infrared Heat Lamp	MEDICAL-CENTER /
Whitlpool	Ex. Jessel
Cane	3027 AVENUEV
	BROOKLYN, NY. 11229
Knee Support (_R/_L)	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Knee Orthosis Pitted (_R/_L) MRI	
Ankle Support(_R/_L)	MEDICAL CONTEXTALOGORAL COM
Ankle Foot Orthosis(_R/_L) MRI	MONE CHITTON THE
Destadables - Neil VI	PAX: 0-01701-9721
Doctor's Notes: Patient is to wear prescribed	Durable Medical Equipment:
Por a period of 4-6 weeks reevaluation at tha	t time.
Additional notes (if necessary)	
are received the century out of on my dingnos	Letter of Medical Necessity  ove-prescribed order for the above checked Medical Equipment is and as part of my overall ireatment plan for my patient, who is
seements of the immediate the too of the initial	orm. I have advised my patient that he/she had a right in choose
Dr. Name; Alkam Rehme License Number 2 9862 7	en - Dr. Signature Mules up
License Number of FOOR 7	NOT 1013920602

- 93. The above prescription in paragraph 92 is a representative example and is fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescriptions.
- 94. The above-mentioned prescription in paragraph 92 presented by ARS Medical Equipment Corp that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never prescribed or authorized the item to be dispensed.

# ASG RX, Corp.

95. I did not prescribe nor authorize the prescription for any medication, creams, patches, or ointments as allegedly provided by ASG RX, Corp as indicated below. The following prescription is also fraudulent in nature as I did not sign the prescription, I did not prescribe or request that the following medication be given to the patient:

ASG Rx Corp 10216 Liberty Ave STE 101 Ozone Fark, NY 11417 Phone: (347)960-8788 Fax: (347)960-8785	ASG Rx-Corp 10216 Liberty Ave STE 101 Ozone Park, NY 11417 Pizone: (347)960-8783 Fax: (347)969-8755
Rx Press Arkam religion	Rx Pres: ARKAM REHMAN
Patient:  DOB Gender M Strist 61558 Address: 93 02 RIDGE BLVD APT 5E ARVERNE, NY 11209 Phone (347)335-8143 Qty Ords 60.000 Qty: 60.00 Days: 30 Refliks 0 PH/TH: UO Class 0 E  Dring: ESOMEPRAZOLE MAGNESIUM 20MG CAP  SIG: TAKE ONE CAPSULE BY MOUTH TWICE A DAY AS NEEDED	Patients  DOB Gender M Rost: 61557  Adulterate 93 02 RIDGE BLVD APT SE ARVERNE, NY 11209  Phoese (J47)335-3143 Qty Ord: 250,000  Qty: 250,000 Dayse 30 Redists 0 PH/TH: UO Class 0  Dring: LIDOCAINE 5% OINT  Sign: APPLY TO APPECTED AREAS 2-3 TIMES DAILY AS NEEDED
Signature Date	Signature Date
This Prescripton Will be Filed Generically Unless Prescriber Wildes **ONW in the Bank Prescriber Wildes **ONW in the Bank Director At Written	This Prescription Will be Filled Generically Unless N Prescriber Willow "DAW" in the Box Dimens As Written

- 96. The above prescriptions in paragraph 95 are a representative example and are fraudulent in nature as I never prescribed the items to be dispensed nor did I sign or authorize the prescriptions.
- 97. To the best of my recollection the above-mentioned prescription in paragraph 95 presented by ASG RX, Corp that is/are alleged to have been prescribed by me is/are fraudulent in nature as I never knowingly prescribed or authorized the item to be dispensed.

#### Conclusion

- The preceding examples of prescriptions and/or order forms all as specifically noted in paragraphs 4, 6, 9, 12, 15, 18, 21, 24, 27, 31, 33, 36, 39, 42, 45, 48, 51, 54, 57, 59, 62, 65, 68, 71, 74, 77, 80, 83, 86, 89, 92 and 95 are examples of the fraudulent prescriptions that were issued utilizing my credentials. The absence of a specific prescription and/or order form that is not specifically noted in paragraphs 4, 6, 9, 12, 15, 18, 21, 24, 27, 31, 33, 36, 39, 42, 45, 48, 51, 54, 57, 59, 62, 65, 68, 71, 74, 77, 80, 83, 86, 89, 92 and 95 should not be inferred to be a legitimate prescription.
- 99. At no point in time while I and Apex was located at either 3027 Avenue V, Brooklyn, New York and/or 632 Utica Avenue, Brooklyn, New York did I ever issue any of the prescriptions as specifically noted in paragraphs 4, 6, 9, 12, 15, 18, 21, 24, 27, 31, 33, 36, 39, 42, 45, 48, 51, 54, 57, 59, 62, 65, 68, 71, 74, 77, 80, 83, 86, 89, 92 and 95 for any medication, creams, ointments, gels, patches, DME, MRI or any other matter. I also never knowingly issued, authored, or signed any letters of medical necessity pertaining to any of the aforementioned prescriptions or orders that were issued in my name.

. . . . .

100. Any prescription that is presented that claims to come from me while I was associated with 3027 Avenue V, Brooklyn, New York and/or 632 Utica Avenue, Brooklyn, New York or contains my NPI number, license number or DEA number is fraudulent and is not legitimate.

101. The prescriptions specifically noted in paragraphs 4, 6, 9, 12, 15, 18, 21, 24, 27, 31, 33, 36, 39, 42, 45, 48, 51, 54, 57, 59, 62, 65, 68, 71, 74, 77, 80, 83, 86, 89, 92 and 95, that is/are presented that claims to come from me while I was located at 3027 Avenue V, Brooklyn, New York and/or 632 Utica Avenue, Brooklyn, New York or contains my NPI number, license number or DEA number is fraudulent and is not legitimate.

102. Any letter of medical necessity or statement of medical necessity pertaining to any of the above mentioned prescriptions specifically noted in paragraphs 4, 6, 9, 12, 15, 18, 21, 24, 27, 31, 33, 36, 39, 42, 45, 48, 51, 54, 57, 59, 62, 65, 68, 71, 74, 77, 80, 83, 86, 89, 92 and 95 that is/are presented that claims to come from me while I was located at 3027 Avenue V, Brooklyn, New York and/or 632 Utica Avenue, Brooklyn, New York or contains my NPI number, license number or DEA number is fraudulent and is not legitimate as I did not knowingly author or authorize the issuance of any such letter or statement.

103. I submit this affidavit under my own free will.

Arkam Rehman, M.D.

STATE OF NEW YORK }
} ss.:
COUNTY OF WASSAV }

Personally subscribed and sworn to before me on this 17 day of 10 en he 2021, by Arkam Rehman, M.D., personally known to me or proved to me on the basis of satisfactory evidence to be the individual described in and who executed the foregoing affidavit and acknowledged that he executed the same.

Notary Public

SUFIAN PERVEZ
Notary Public, State of New York
Reg. No. 02PE6354719
Qualified in Suffolk County
Commission Expires 02/21/20